

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David S. Smith M.D.**

Mailing Address Department of Anesthesiology  
3400 Spruce St

City Philadelphia State PA Zip Code 19104-4208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Pennsylvania Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 11 / 2014

**Transaction ID : C2823296**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. William T. Smith M.D.**

Mailing Address 949 Maple Ln

City Jacksonville State FL Zip Code 32207-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NFAC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2014

**Transaction ID : C2833674**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jatinder S. Somal M.D.**

Mailing Address 4422 N Camino Allenada

City Phoenix State AZ Zip Code 85018-3240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 24 / 2014

**Transaction ID : C2831882**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00